

**Combined Meeting of the Blueprint Executive Committee and the
Blueprint Expansion, Design, and Evaluation Committee
Notes of
September 18, 2013**

Present: S. Barbosa, P. Cobb, M. Dugan, R. Edelman, N. Eldridge, P. Farnham, K. Fulton, K. Gilbert, E. Girling, S. Hartsfield, J. Hester, C. Jones, P. Jones, M. Lavalley, B. Little, N. Lovejoy, C. Maclean, S. Maier, M. McAdoo, L. McLaren, K. Mooney, K. Novak, M. Olszewski, J. Peterson, D. Prail, J. Prater, A. Ramsey, J. Samuelson, C. Schutz, K. Suter, B. Tanzman, M. Tarmy, D. Weening

I. Update from Dr. Craig Jones

Dr. Craig Jones presented the following PowerPoint Slides: (Attachment A)

- Patient Centered medical Homes and Community Health Team Staffing in Vermont
- Map of the Primary Care Practices Recognized or Engaged in the Blueprint (9/2013)
- Map and breakdown of Number of Patients & Percent of Total Population Served by Patient Centered Medical Homes (8/2013)
- Map of SASH Expansion thru October 2013

There is a substantial growing mass/network within each Hospital Service Area. We are now consistently hearing about the value of the CHT's.

Executive Committee Members received the "Performance of the SASH Program in the First Year of the MAPCP Demonstration" document which we received from CMS. Please be reminded that this document is not to be shared with others.

In the near future, this Committee will be working intensively on the following key items:

- Next phase of payment reforms
- Allocating costs for Community Health Teams

II. A National View: Update on the PCMH from an employer perspective – Paul Grundy, MD, MPH, IBM's Global Director of Healthcare Transformation. President, Patient Centered Primary Care Collaborative

It is an honor to have Dr. Grundy join our Committee meeting to give us an update on the PCMH from an employer's perspective.

Dr. Jones announced that the book, “*Familiar Physician*” is a story, not written by, but about IBM’s Dr. Paul Grundy and those dedicated people who helped build the *Medical Home* and implement it on a national level. We think you will find the book of great interest as we move toward the future.

Dr. Grundy’s Bio and slide deck are attached (Attachment B) to these notes.

Below are a few highlights of the discussion:

- Dr. Grundy met with President Obama and his staff during the 2nd week of his administration. The basic concept: Interrelationship of Trust. Outcomes of implementing patient centered medical home interventions were shared.
- Dr. Grundy shared the results of the Pennsylvania and Michigan pilots with us.
- Employers are looking for healthcare organizations (hospitals) that emphasize prevention not procedures and technology.
- The two main drivers of healthcare transformation include:
 - o Cost
 - o Data
- Payment reform requires more than one single method.
- Benefit Redesign – Adjust premiums based on patient engagement in preventative services. Different strategies for different healthcare spend segments. (i.e., those with acute, severe illness or injuries, those with chronic illness, those who are well or think they are well)
- Work force and communication changes – movement toward care given remotely.
- Australian government has adopted the Patient-Centered Medical Home as standard of care. Evidence in support of Patient-Centered Medical Homes is compelling:
 - o Improved access to care
 - o Improved clinical outcomes;
 - o Better management of chronic and complex disease;
 - o Decreased use of inappropriate medications;
 - o Decreased hospital admissions and readmissions; and
 - o Improved palliative care services.
- In the 03/19/2013 Health Affairs Magazine, a survey of 5 European countries suggests Patient-Centered Medical Homes would improve Family Medicine Primary Care.
<http://content.healthaffairs.org/content/early/2013/03/19/hlthaff.2012.0184.full.html>

With no time remaining, the meeting adjourned at 10:10 a.m.

